

\_\_\_\_\_  
Full Name of Party Filing this Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT  
OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

In the Matter of

Case No.: \_\_\_\_\_

CONSENT TO APPOINTMENT  
OF GUARDIAN

\_\_\_\_\_  
DOB: \_\_\_\_\_  
\_\_\_\_\_ a Minor.

1. I am the ☐ mother ☐ father of the minor and consent to the appointment of a guardian for the minor.

2. I ☐ renounce the right to nominate a guardian. **or**

☐ nominate the following person to serve as guardian:

(Name of Person) \_\_\_\_\_

(Address) \_\_\_\_\_

\_\_\_\_\_.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number